

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER

2009 APR 20 P 12:43

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

ARKANSAS RIGHT TO LIFE POLITICAL ACTION CMNT

ADDRESS (number and street)

P O BOX 1697

(Check if address
is changed)

LITTLE ROCK

AR

72203-1697

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☒ (Check if address
is changed)

ARTL4237@ATT.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

WWW.ARTL.ORG

2. DATE

04 / 13 / 2009

3. FEC IDENTIFICATION NUMBER

C00208439

4. IS THIS STATEMENT

NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jacki S. RAGAN

Signature of Treasurer

Jacki S. Ragan

Date

04 / 13 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)